

Work Order ID 77346

Tuesday, December 06, 2011 9:51:35 AM

77346

Page 1

Item ID: D4165-3

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Inner Door Panel

Start Date: 12/6/2011 Start Qty: 2.00

2

Cust Item ID:

Required Date: 12/8/2011 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan: MFDate: 11-12-06

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

D4165

B

100

0.00

100

Waterjet

Memo

0:00

FLOW CNC Waterjet

2024.040

1-Cut as per Dwg

Dwg Rev: BProg Rev: B

2-Deburr if necessary

B11-2-6

(2)

110

QC2- Inspect parts off machine FAI/FAIB

0.00

110

QC

Memo

0.00

Quality Control

B11-12-6

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Page 2

Item ID: D4165-3 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Inner Door Panel
 Start Date: 12/6/2011 Start Qty: 2.00 ***2*** Cust Item ID:
 Required Date: 12/8/2011 Req'd Qty: 2.00 ***2*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00		8 4/26/07		(R)			
130 *130* HandFinish Hand Finishing	Chemical Conversion Coat per QSI005 4.1 Memo	0.00 0.00		11-12-07					
135 *135* QC Quality Control	QC3- Inspect Part Finish Memo	0.00 0.00				11/12/11	8	(2)	

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

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Accept

Setup Start *NS1*

Stop *NS2*

Start Date: 12/6/2011 **Start Qty:** 2.00 ***2***

Cust Item ID:

Required Date: 12/8/2011 **Req'd Qty:** 2.00 ***2***

Customer:

Reference:

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Operation Description

Set Up/ Run Hours

Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
---------	--------	-----------	------------	------------	---------------	-------------

140 Identify as per dwg & Stock Location: _____

0.00

140

Packaging

Memo

0.00

Packaging

150

QC21- Final Inspection - Work Order Release

0.00

150

QC

Memo

0.00

Quality Control

11-12-01
(2)

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W/O:		WORK ORDER CHANGES					
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Picklist Print

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Work Order ID: 77346

Parent Item: D4165-3

Parent Item Name: Inner Door Panel

Start Date: 12/6/2011

Required Date: 12/8/2011

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev:A 11.03.09 new issue DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.040 2024-T3 .040 sheet		Purchased	No			100	sf	69.8184	3.58	7.5368421			

B 11-12-6

Location

Loc Qty

Loc Code

MAT022

69.818421

117684

69.818421

117684

(2)

Dart Aerospace Ltd

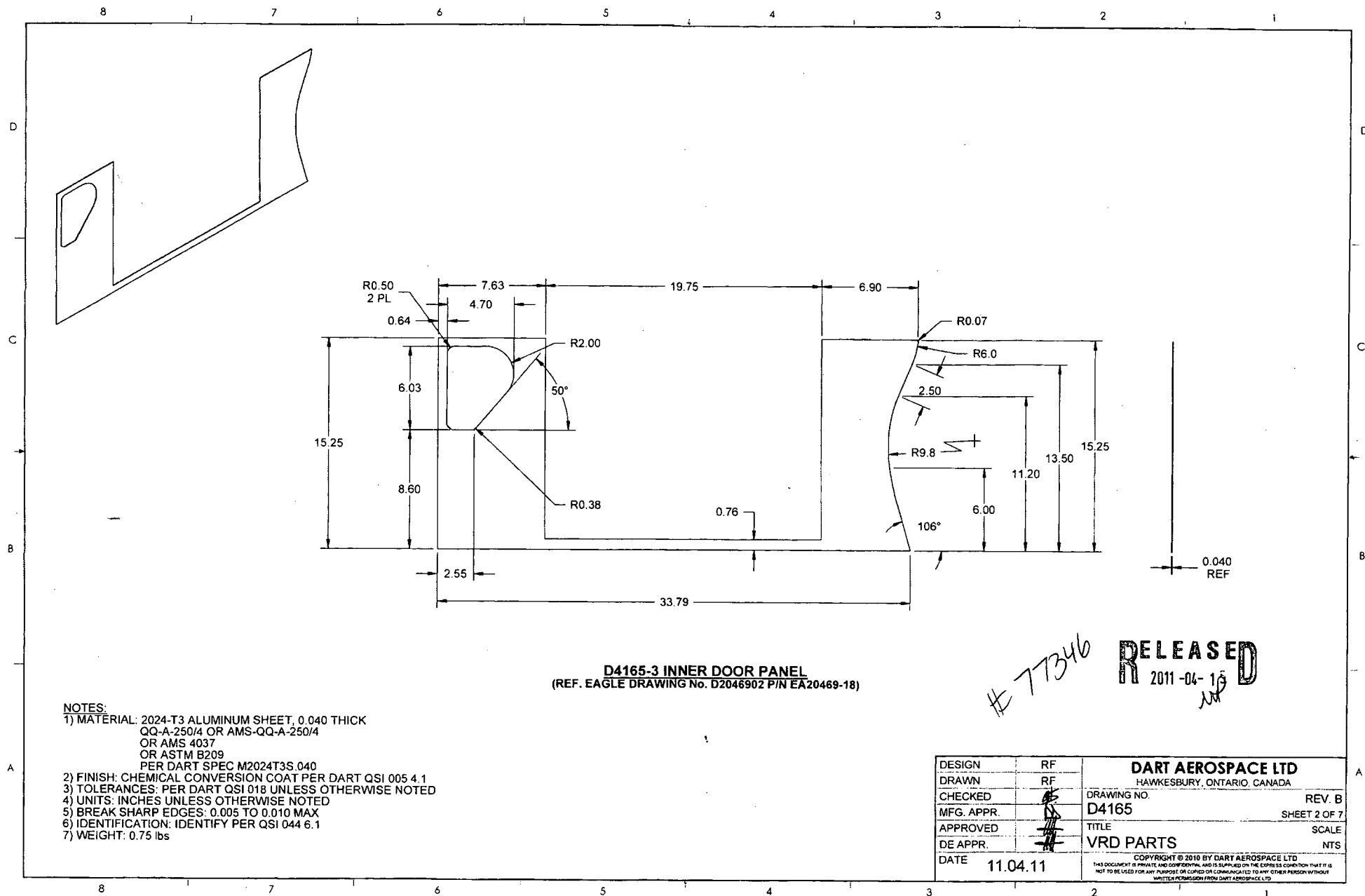
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RELEASED
2011-04-15

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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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